

**Board of County Commissioners
of Calvert County, Maryland
Office on Aging
Waiver and Release**

I volunteer to participate in a wellness/fitness/other physical activity program sponsored by the Calvert County Office on Aging.

Upon the understanding and condition that:

1. I acknowledge that there are always certain risks involved in an exercise program. I understand those risks and declare myself physically healthy and that I have medical approval to participate in the program.
2. I recognize the risks of illness and injury inherent in any exercise – physical fitness program and am participating in the Calvert County Office on Aging program upon the express agreement and understanding that I am hereby waiving and releasing the Office on Aging, the Board of County Commissioners of Calvert County, Maryland and its employees, **and its instructors** from any and all claims, costs, liabilities, expenses and judgments, including attorney's fees and court costs, arising out of my participation in these activities or any illness or injury resulting there from, and hereby agree to indemnify and hold harmless the Office on Aging, the Board of County Commissioners of Calvert County, Maryland and its employees, **and its instructors** from and against all such claims.
3. I hereby execute and deliver this waiver and release to induce the Office on Aging to permit me to participate in its program.
4. The undersigned hereby acknowledges that he/she has read and understands the foregoing, and that he/she has the authority to execute this document on his/her own behalf.
5. The undersigned hereby agrees that the waiver, release, indemnification and hold harmless provision of the Agreement shall be binding upon his/her heirs, successors, and assigns, and shall survive the end of the above-described program.

Signature of Participant

Date

Mailing Address

Home Phone #

Work Phone #

Emergency Contact

Emergency Contact Phone #

11/07